U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 6636

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

3. Name and address of person filing. Name Timochy J Buban Name Teamsters Local 200 Labor Organization File Number 013-815 P.O. Box, Bldg., Room No., if any P.O. Box, Bullding and Room Number. if any Street 4220 S., Katherine Dr. Street 6200 W. Bluemound Rd City New Berlin Secretary-Treasurer Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including losns) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. A. Name and address of Employer (including trade name, if any). Street Trade Name, if any: To. Amount. Street Stignature and verification. The undersigned decienes, under pensity of Perjary and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any occuments), has been examined by the signatory and is, to the best of the undersigned scorency and compensing documents), has been examined by the signatory and is, to the best of the undersigned scorency and compensing documents). To be the instructions.		1 / 1 / 2004 Through: 12 / 31 / 2004		
Labor Organization File Number D13 - 815 P.O. Box, Bidg., Room No., if any P.O. Box, Building and Room Number, if any Street 4220 S. Katherine Dr. Street 6200 N. Bluemound Rd City New Berlin City Milwaukee State Nisconsin ZiP Code + 4 53151 - 5632 State Nisconsin ZiP Code + 4 53213 - 4145 5. Position in labor organization. Secretary-Treasurer Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 8. Name and address of Employer (including trade name, if any). Name 7.b. Amount. 7.b. Amount. 8. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned & Nowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
P.O. Box, Bidg., Room No., if any Street 4220 S. Katherine Dr. City New Berlin State Wisconsin ZIP Code +4 53151-5632 State Wisconsin ZIP Code +4 53213-4145 5. Position in labor organization. Secretary-Treasurer Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other exconomic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any 7.b. Amount. Signature 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned law B.	Name Timothy J Buban	Name Teamsters Local 200		
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Date Telephone Number	Signed 2- Buly	On 8/12/200 \$ 414-479-3643		
		Date Telephone Number		

Name of Person Filing Timothy Buban	F	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Wisconsin Health Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 6200 W. Bluemound Rd. City Milwaukee State Wisconsin ZIP Code + 4 53213	9. Business deals with: a. Labor Organizatio b. Trust c. Employer	on		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	j .		
Name Wisconsin Health Fund Trade Name, if any: P.O. Box, Bldg., Room No., if any		ng seminar for Health Fund n Health Fund paid for travel and eminar.		
Street 6200 W. Bluemound Rd.				
City Milwaukee	11.b. Approximate dollar value of 12.a. Nature of interest held of	Palar constituti de del francisco de la constituti de la constitutiva della constitutiva della constitutiva della constitutiva		
State Wisconsin ZIP Code + 4 53213				
	12.b. Amount.			
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money		The interesting terms to increase in the individual consistence and interesting and an advantage of a con-		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City The second of the second				
State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.			

DISCLAIMER EXAMPLE

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Signature